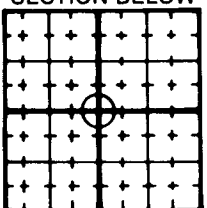


STATE OF ARKANSAS
REPORT ON WATER WELL CONSTRUCTION & PUMP INSTALLATION

CLICK ON RESET BUTTON TO CLEAR FORM

A 1 Contractor Name & Number: _____ C# _____ 2 Driller Name & Number: _____ D# _____ 3 Pump Installer Name & Number: _____ P# _____ 4 Date Well Completed: _____ New Well <input type="checkbox"/> Replace or Work-over <input type="checkbox"/>					10 LOCATE WITH 'X' IN SECTION BELOW 		
5 COUNTY		6 FRACTION 1/4 of		7 SECTION 1/4 of		8 TOWNSHIP	9 RANGE
11 LONGITUDE _____° _____' _____"			11 LATITUDE _____° _____' _____"				

B 1 DESCRIPTION OF FORMATION: DEPTHS IN FEET <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FROM</th> <th style="width: 50%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> ATTACH ADDITIONAL SHEETS IF NECESSARY 2 TOTAL DEPTH OF WELL _____ ft 3 DEPTHS TO WATER PRODUCING FORMATIONS. 4 STATIC WATER LEVEL _____ Ft below land surface 5 YIELD _____ gallons per <input type="checkbox"/> min <input type="checkbox"/> hr 6 DIAMETER OF BORE HOLE _____ IN	FROM	TO																			D 1 LAND OWNER OR OTHER CONTACT PERSON: NAME _____ STREET ADDRESS _____ CITY _____ 2 CASING FROM TO W/ "ID FROM TO W/ "ID TYPE CASING: _____ 3 SCREEN TYPE: DIA SLOT/GA SET FROM FT TO FT TYPE: DIA SLOT/GA SET FROM FT TO FT 4 GRAVEL PACK FROM FT TO FT 5 BACK FILLED WITH: _____ FROM FT TO FT 6 SEALED WITH: _____ FROM FT TO FT FROM FT TO FT 7 DISINFECTED WITH: _____ 8 USE OF WELL: DOMESTIC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> IRRIGATION <input type="checkbox"/> MONITOR <input type="checkbox"/> LIVESTOCK/POULTRY <input type="checkbox"/> TEST WELL <input type="checkbox"/> OIL/GAS SUPPLY <input type="checkbox"/> SEMI-PUBLIC <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> OTHER _____ (A/C HEATPUMP TYPE WELLS) SOURCE <input type="checkbox"/> RETURN <input type="checkbox"/> CLOSED LOOP <input type="checkbox"/> 9 (For A/C only) Will system also be used for purposes other than Heating or Air Conditioning? If yes, name use: _____ yes <input type="checkbox"/> no <input type="checkbox"/> 10 (For A/C open-loop only) Into what medium is water returned? 11 REMARKS 12 SIGNED _____ DATE _____
FROM	TO																				

C PUMP REPORT 1 TYPE PUMP: SUBMERSIBLE <input type="checkbox"/> TURBINE <input type="checkbox"/> JET <input type="checkbox"/> 2 SETTING DEPTH: FEET 3 BRAND NAME AND SERIAL NUMBERS: 4 RATED CAPACITY _____ gallons per minute 5 TYPE LUBRICATION 6 DROP PIPE OR COLUMN PIPE SIZE 7 WIRE SIZE 8 PRESSURE TANK . . . SIZE, MAKE, MODEL 9 DATE OF INSTALLATION OR REPAIR 10 Is there an abandoned water well on the property?
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